

UNAVAILABILITY CERTIFICATE

I, _____, _____
Name Title

of _____ certify that on _____
Firm Name Date

I contacted the _____
CSBE

to obtain a bid for work items to be performed on Miami-Dade County Contract No. _____

Work Items Sought	Percentage	Amount

Signature

Print Name

Title

I, _____ was offered the above opportunity to bid.
CSBE Firm Name

I was unavailable to perform the above work at the above specified time due to:

I am aware that Miami-Dade County Administrative Orders _____, Part _____ states: "_____".

Signature

Print Name

Title

CSBE Certification Number

Expiration Date